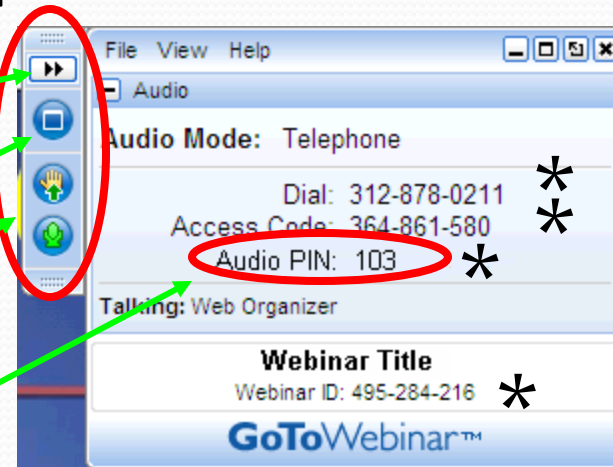## Using the Attendee Control Panel

- Grab Tab
    - Click arrow to open/close Control Panel.
    - Click square to toggle Viewer Window between full screen/window mode.
    - Click hand icon to raise/lower hand.
- **When joining via telephone, be sure to enter on the telephone keypad the Audio PIN noted in your Control Panel.**

- By default, you will be joined into the Webinar muted. Questions will be taken at the conclusion of the presentation.
    - Please use the Hand Icon to raise your hand to ask a question.
    - When the organizer is ready to address your question, your line will be unmuted and you will be cued to ask your question.

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Audio

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Webinar Title
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Provider Billing Errors for BAYOU HEALTH Claims Submitted to Shared Savings Plans

Molina Medicaid Solutions

Community Health Solutions

United HealthCare Community Plan

Joint Training

Webinar #10

September 11, 2012

Bayou Health Implementation
A Transition from Legacy Medicaid to Medicaid Managed Care

This webinar is the tenth in a series of webinars addressing billing issues identified with claims processed for Shared Health Plan members.

Reminders

- At the end of the presentation there will be a question and answer session. For this please make sure that you have dialed into the conference using your audio PIN and raise your electronic hand to ask questions.

- There is a brief survey at the conclusion of this Webinar, Please take a moment to complete it as your feedback is vital for the preparation of the next Webinar.

General Information

Professional Services

- Fee Schedule
  - The fee schedule for professional services is located online at www.lamedicaid.com under the fee schedule link on the left hand side
  - The fee schedule has not changed from the transition from Legacy Medicaid to Bayou Health
  - If a procedure code is not located on the fee schedule then it is not a covered procedure
  - The fee schedule is also a helpful tool that shows age and gender restrictions and prior authorization requirements, etc.
- Modifiers
  - Valid modifiers are located in the 2012 Professional Services Provider Manual
  - The policy regarding modifiers has not changed and we will continue to only accept the modifiers listed in the manual

Outside Laboratory

- Physicians who send specimens to an outside laboratory will not be paid for the cost of specimen collection. It is included in the reimbursement rate of the office visit

- When services are billed the denial/edit 405 will occur on the RA

- Please see the 2012 Professional Services Provider Manual in regards to this policy

Institutional Claims

- Claims for an inpatient hospital stay require the PRSO code to be included in box 18 on the UB04 or the applicable loop/segment on the 837I transaction

- Without the PRSO code located on the claim it will not process correctly

- For current billing instructions please see the 2012 Hospital Provider Manual on www.lamedicaid.com

Home Health Claims

- Home Health claims that are submitted to the Shared Plans must include appropriate modifiers in accordance to Medicaid Policy

- Home Health claims are billed on the UB04 Claim Form

Institutional Claims Bill Types

- Hospital Claims
  - First Digit:
    - 1 – Hospital
  - Second Digit:
    - 1 – Inpatient Medicaid and/or Medicare Part A or Part A and B
    - 2 – Inpatient Medicaid and Medicare Part B only
    - 3 – Outpatient or Ambulatory Surgical Center
- Home Health
  - First Digit:
    - 3 – Home Health
  - Second Digit:
    - 3 - Outpatient

Institutional Claims Bill Types

- Hemodialysis
  - First Digit
    - 7 – Hemodialysis
  - Second Digit
    - 2 – Inpatient Medicaid and Medicare Part B Only
- All Claims
  - Third Digit
    - 0 – Non Payment Claim
    - 1 – Admission through Discharge
    - 2 – Interim-first claim
    - 3 – Interim-continuing
    - 4 – Interim-last claim
    - 7 – Replacement of prior claim (Adjustment)
    - 8 – Void of prior claim

Institutional Claims Bill Types

The following claim types are not submitted to the shared plans

- Hospice
  - First Digit
    - 8 – Special Facility (Hospice)
  - Second Digit
    - 1 – Hospice (Non-hospital based)
    - 2 – Hospice (Hospital based)

- Long Term Care
  - First Digit
    - 2 – Skilled Nursing
    - 6 – ICF/DD
    - 8 – ADHC
  - Second Digit
    - 1 – Skilled Nursing – Inpatient
    - 5 – Intermediate Care
    - 6 – Intermediate Care
    - 9 – Other

Claims with Medical Documentation

- For claims that require medical documentation, please submit the claims to the appropriate plans hard copy with the documentation

- This would include claims that involve unlisted procedure codes and those that are manually priced, for clarification of these codes please refer to the fee schedule online

- It is then the responsibility of the plan to receive the documents. The documentation will be reviewed by the plan or Molina, as appropriate

Hurricane Isaac

- Community Health Solutions
  - Blanket referral/precertification/preauthorization from 8/28/2012 thru 9/9/2012
  - Providers are instructed to use 4722252 as the blanked number for all Isaac related services
- United HealthCare Community Plan
  - Precertification requirements were waived for hospitals located in DHH Regions 1, 2, 3, 4 and 9 effective from 8/31/2012 thru 9/3/2012

Carved Out Services

- Some services are considered 'carved out' of Bayou Health and should still be billed directly to Molina for payment

- Claims for these services that are submitted to a Shared Plan will receive a denial of 313 (Submit to FI not BYU)

- To correct this denial, simply rebill the claim to Molina instead of the health plan

- The following slide contains a list of 'carved out' services for the <u>shared plans</u>

- A list of complete 'carved out' services, <u>prepaid and shared</u>, can be found at the link below

  - <u>List of Carved Out Services</u>

Carved Out Services for Shared Plans

The following services continue to be billed to Molina

- Dental
- Pharmacy
- Waiver Services
- Durable Medical Equipment
- Long Term Personal Care Services
- Personal Care Services for Children under age 21
- Hospice

- Emergency and Non-Emergent Transportation Services
- Nursing Facility
- ICF-DD
- Case Management
- Adult Day Health Care
- EPSDT Health Services
- EarlySteps case management and medical services

Community Health Solutions

Voids & Adjustments- Electronic Submission Preferred

- Voids and Adjustments can be submitted electronically, which is the preferred method for Community Health Solutions of LA

- Void and Adjustment Forms are not used if submitting electronically.

- Complete the information in your software for voids and adjustments and follow the instructions.

- If you have questions, please contact CHS-LA EDI at:

  EDI Helpdesk

  Phone: (855) 229-0258

  Email: **edihelpdesk@chsamerica.com**

- CHS does accept the 213 professional adjustment/void form

TPL – Paper Submission

- If submitting TPL paper claims:
  - Attach primary EOB
  - Box 9:   Member Name
  - Box 9a: 6 digit Carrier Code
    - Plan Network Identification Number
    - Carrier Code Link
      http://www.lamedicaid.com/provweb1/Forms/TPLCarrier/CodeSearch.aspx
  - Box 9b: leave blank
  - Box 9c: leave blank
  - Box 9d: Primary Ins. Group Name
  - Box 11d : mark "YES"
  - Box 29:   Patient payment. If patient does not make a payment, leave blank
- If you have questions, please contact CHS-LA EDI at:
- EDI Help Desk Phone: (855) 229-0258
- 　　　　　　　Email: **edihelpdesk@chsamerica.com**

Some Differences Between
4010 and 5010 electronic transaction

Topic	4010	5010
Billing Provider Name	This could have been a billing service.	Must be a physician or health care provider
Billing Provider Address	No limitation on what address could be reported	Must be a street address. A PO Box or lock box is not permitted. Enter lock-box addresses in "Pay-To-Address"
9 digit zip codes	No requirement to use 9 digit zip codes	Provider and Service Facility Location must be a 9-digit ZIP code

United HealthCare Community Plan

UHC Known Issues - Fixed

- Immunization claims – claims split with administration codes on different separate claims from vaccine codes

- Date of Service on facility claims – UB claims with multiple dates of service

  - These issues has been corrected for claims going forward. We are still working on a solution to recycle the previous claims

UHC Known Issues

- TPL/Secondary Claims – This has been a known issue for which we are happy to report we have a "fix" which has been successfully tested with a planned deployment date to production as of 9/7/2012.

- NDC and Quantity Issues – There is an issue with electronically passing the NDC and quantity expected by the Molina system from UHC to Molina. UHC is actively engaged and aggressively working on the issue for a "fix" to be developed ASAP. We will hopefully have a deployment date soon.

- Zero billed charges – primarily FQHC's and RHC's billing by encounter and including other services/procedures at zero charge. UHC system is adding $.01 to zero charge which appears to be causing denials.

Informational Bulletin 12-27

- For issues that require escalation, Informational Bulletin 12-27 has provided a flow chart for each of the health plans that include an executive level.
- Each level has an e mail address to an appropriate person that will be able to help with those issues
- Please follow through with each company and allow time to answer before escalating to DHH level

Informational Bulletin 12-27

Current Billing Instructions

Please refer to the Medicaid website below for current billing instructions.

www.Lamedicaid.com

Links:

➢Provider Manuals/Hospital Services Provider Manual
http://www.lamedicaid.com/provweb1/Providermanuals/Hosp_Main.htm

or

➢Billing information/UB04 Billing Instructions
http://www.lamedicaid.com/provweb1/billing_information/ub04instructions.htm

Field Visits

- Just a reminder that each company, Molina, CHS and UHC, has Field Analysts in your area available to come to your office and assist with any of the issues you are having.

- If you would like to arrange an on-site visit, please contact your local area Field Analysts or refer to the Provider Relations contact list at the end of the presentation.

Bayou Health
Noon Conference Call

- Beginning on July 9, 2012 the noon calls started taking place on Monday - Thursday

- Schedule for providers is as follows:

  - Monday – Professional Services, RHC/FQHC

  - Tuesday – All other providers

  - Wednesday – Hospital

    1-888-278-0296

    Access Code 6556479#

  - Thursday – Behavioral Health

    1-888-205-5513

    Access Code 827176

Louisiana Behavioral Health Program

- For questions regarding billing of services impacted by the Louisiana Behavioral Health Program:
  - Providers may call 1-800-788-4005
  - Recipients may call 1-800-424-4399
  - Email to: laproviderquestions@magellanhealth.com

Transition to 5010 Specifications for Electronic Billers

- All providers/submitters/vendors should have already transitioned to the 5010 Version for electronic claims or be in the process of completing their testing and conversion.

- The testing process should be completed as soon as possible, no later than September 14, 2012

- Providers and vendors must work with the Molina EDI Department to schedule a transition date

- Molina will continue to accept 4010 Version electronic files until September 17, 2012 to allow additional time for providers to complete the 5010 testing process

- Information regarding 5010 Testing can be found at the [HIPAA Information Center](#).

Contact Information

Molina Medicaid Solutions
Provider Relations
800-473-2783
225-924-5040

UnitedHealthcare Community Plan of Louisiana, Inc.
Provider Relations
866-675-1607

Community Health Solutions of Louisiana
Provider Relations
855-247-5248

Magellan Behavioral Health
800-424-4399

Hand Test

- Due to confusion over the past few weeks, we are now going to perform a test on raising your electronic hands
  - Please raise your electronic hand located on the left hand side of the webinar toolbar
    - **If you see a red arrow, your hand is raised**
    - **If you see a green arrow, your hand is lowered**
  - Now we will lower all hands and begin to ask questions based on the hand being raised
- Please be aware that we will not have time for all questions that will need to be asked, we do apologize for this in advance

Questions